Major Donor and			MAJOR DONOR A	AND INDEPENDENT E COMMITTEE			
Independent Expenditure Committe Campaign Statement (Government Code Sections 84200-84216.5)	ее Туре	or print in ink.	Date Stamp	CALIFORNIA FORM	461		
	Statement covers period from01/01/2019	Date of election if applicable: (Month, Day,Year)	:	1/4 For Official Us	se Only		
SEE INSTRUCTIONS ON REVERSE	through03/31/2019	.	_				
1. Name and Address Of Filer NAME OF FILER (Include name(s) of all affiliated entities whose contribution Fresenius Medical Care	ns are included in this statement.)	3. Summary (Amounts may be rounded 1. Expenditures and (including loans) of	contributions				
	NO. AND STREET) STATE ZIP CODE	made this period. 2. Unitemized exper	(Part 5.)	\$ —	23000.00		
N. Newton	(S 67117 REA CODE/DAYTIME PHONE	\$100 made this period\$ 3. Total expenditures and contributions made this period. (Add Lines 1 + 2.)SUBTOTAL \$ 4. Total expenditures and contributions					
2. Nature and Interests of Filer (Complete A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, A OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADD NAME OF EMPLOYER/BUSINESS		filed. If this is the	e 5 of last statement e first statement for , enter zero.)	\$ —	0.00		
ADDRESS OF EMPLOYER/BUSINESS		(including loans) r January 1 of the c		TOTAL \$	23000.00		
A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE TENGAGED Healthcare A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPI		reviewed the stateme contained herein is tr	nable diligence in preparing ent and to the best of my kno ue and complete. I certify u of California that the foregoi	owledge the informunder penalty of pe	ation erjury under		
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY COMMON ECONOMIC INTEREST OF THE GROUP OR ENT		Executed onDAT	TE SIG	Stephen NATURE OF INDIVIDUAL DOI LE OFFICER IF OTHER THAN			

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statem	ent covers period	CALIFORNIA	161
from	01/01/2019	FORM	401
through	03/31/2019	2/4	
unougn			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Fresenius Medical Care

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made (If more space is needed, use additional copies of this page for continuation sheets.)

Independent

Expenditure

DESCRIPTION OF CANDIDATE AND OFFICE, **CUMULATIVE AMOUNT** NAME AND ADDRESS OF PAYEE AMOUNT THIS DATE TYPE OF PAYMENT **PAYMENT** MEASURE AND JURISDICTION. **RELATIVE TO THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** (IF OTHER THAN MONETARY OR COMMITTEE CANDIDATE, MEASURE, CONTRIBUTION OR LOAN) OR COMMITTEE 03/24/2019 X Monetary California Dialysis PAC 7800.00 Calendar Year California Dialysis PAC Contribution Loan 7800.00 Sacramento 95814 Non-Monetary Other CA Contribution ID: 841652 Reference No: NO: Independent X Support Oppose Expenditure 03/29/2019 X Monetary 2000.00 Calendar Year Steven Choi for Assembly 2020 Steven Choi Contribution State Assembly Person

2000.00 Loan Assembly District 92704 Non-Monetary Other Santa Ana CA Contribution NO: 68 ID: 1414740 Reference No: Independent X Support Oppose Expenditure 03/29/2019 Jim Frazier 1500.00 Calendar Year Jim Frazier for Assembly 2020 X Monetary Contribution State Assembly Person 1500.00 Loan Assembly District 95814 Non-Monetary Other Sacramento CA Contribution Reference No: NO: 11 ID: 1414416 Independent X Support Oppose Expenditure 03/27/2019 2000.00 Calendar Year James Gallagher for Assembly 2020 X Monetary James Gallagher Contribution State Assembly Person Loan 2000.00 Assembly District Non-Monetary Other 95814 Sacramento Contribution ID: 1414703 Reference No: NO: 03

SUBTOTAL \$

Oppose

X Support

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Staten	nent covers period	CALIFORNIA	161	
from	01/01/2019	FORM	401	
through	03/31/2019	3/4		
unougn		1		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Fresenius Medical Care

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
01/22/2019	Tom Lackey for Assembly 2020 Sacramento CA 95814 ID: 1414673 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Tom Lackey State Assembly Person Assembly District NO: 36 Support Oppose	2000.00	Calendar Year \$ Calendar Year \$ Other
03/29/2019	Devon Mathis for Assembly 2020 Hilmar CA 95324 ID: 1415282 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Devon Mathis State Assembly Person Assembly District NO: 26 Support Oppose	1000.00	Calendar Year \$ 1000.00 Other
03/29/2019	James Ramos for Assembly 2018 Sacramento CA 95814 ID: 1401703 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Debt Reduction	James Ramos State Assembly Person Assembly District NO: 40 Support Oppose	2700.00	\$Calendar Year \$Calendar Year \$Calendar Year
03/29/2019	Randy Voepel for Assembly 2020 Encinitas CA 92024 ID: 1414473 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Randy Voepel State Assembly Person Assembly District NO: 71 Support Oppose	2000.00	\$ Calendar Year \$ 2000.00 Other
SUBTOTAL \$						

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND	į
MAJOR DONOR COMMITTEE STATEMENT	•

Statem	ent covers period	CALIFORNIA	461
from	01/01/2019	FORM	401
through	03/31/2019	4/4	
unougn			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Fresenius Medical Care

5. (Contributions	(Including	Loans,	Forgiveness	of Loans,	and Loan	Guarantees) and Ex	penditures	Made
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(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
03/29/2019	Scott Wilk for Senate 2020 San Diego CA 92119 ID: 1392822 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Scott Wilk State Senator Senate District NO: 21 X Support Oppose	2000.00	\$ Calendar Year \$ 2000.00 Other

SUBTOTAL \$

23000.00